Form 9-331
Dec. 1973

COPY

Form Approved.
Budget Bureau No. 42-R1424

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil well ☒ gas well ☐ other

2. NAME OF OPERATOR
Conoco Inc.

3. ADDRESS OF OPERATOR
P.O. Box 460, Hobbs, N.M. 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980' FSL & 660' FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH: Same

5. LEASE
LC-031670 b

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
N.M.F.U

8. FARM OR LEASE NAME
Warren Unit

9. WELL NO.
78

10. FIELD OR WILDCAT NAME
Blinebry/Tubb

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 20, T-20S, R-38E

12. COUNTY OR PARISH
Lea

13. STATE
N.M.

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3947.8' GL

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	☐		☐
FRACTURE TREAT	☐		☐
SHOOT OR ACIDIZE	☐		☐
REPAIR WELL	☐		☐
PULL OR ALTER CASING	☐		☐
MULTIPLE COMPLETE	☐		☐
CHANGE ZONES	☐		☐
ABANDON*	☐		☐
(other) set production csg.			☑

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Reached TD (6835') 11-13-79. Ran GR-CNL-FDC, DLL, Caliper logs. Ran 156 jts., 7", 26# csg. set at 6850 (loggers T.D.) FC @ 6810', DV tool @ 3993'. Cmt. 1st stage w/ 43 sx. class "C" cmt. Circ. 4 hrs. Cmt. 2nd stage w/ 1350 sx. B-J Lite, followed w/ 150 sx. class "C" cmt. Circ. 150 sx. cmt. to surface. 30sx. off DV tool.

Subsurface Safety Valve: Manu. and Type ..... Set @ ..... Ft.

18. I hereby certify that the foregoing is true and correct

SIGNED Wm A. Rutherford TITLE Admin. Supervisor DATE 11/21/79

(This space for Federal or State office use)

APPROVED BY ..... TITLE ..... DATE .....
CONDITIONS OF APPROVAL, IF ANY:
USGS-5
NMFU-4
FILE

*See Instructions on Reverse Side

ACCEPTED FOR RECORD
A R Stall
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